	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
In re Gregg Daniel Baird & Hilda Carolina Baird	☐ The presumption arises.
Debtor(s)	☐ The presumption does not arise.
Case Number: 09-21980	☐ The presumption is temporarily inapplicable.
(If Impum)	

CHAPTER 7 STATEMENT OF CURRENT MONTHLY I NCOME AND MEANS-TEST CALCULATION

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

applies	s, each joint filer must complete a separate statement.
	Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS
1A	If you are a disabled veteran described in the Veteran's Declaration in this Part IA, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. Understand Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as
	defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
1C	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on
	, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF M	ONTHLY I	NCOM	E FOR § 707(b)(7) EX	KCLUS	101	V
	Marital/filing status. Check the box that a	applies and comp	olete the	balance of this part o	f this	state	ement as	dired	cted.
	a. Unmarried. Complete only Column	A ("Debtor's In	icome")	for Lines 3-11.					
	b. Married, not filing jointly, with declara penalty of perjury: "My spouse and I are legliving apart other than for the purpose of ev Complete only Column A ("Debtor's Inc.	ally separated u ading the require	nder app ements d	olicable non-bankrupto	cy lav	w or m	ny spouse	e and	
2	c. Married, not filing jointly, without the Column A ("Debtor's Income") and Column					2.b ab	oove. Coi	mple	ete both
	d. Married, filing jointly. Complete bot for Lines 3-11.	h Column A ("I	Debtor's	s Income") and Colu	ımn	B ("S	Spouse's	Inc	ome")
	All figures must reflect average monthly incoming six calendar months prior to filing the banks before the filing. If the amount of monthly individe the six-month total by six, and enter	uptcy case, endi ncome varied du	ng on the	e last day of the monsix months, you must	th	De	umn A btor's come	S	olumn B pouse's ncome
3	Gross wages, salary, tips, bonuses, ove	rtime, commiss	sions.			\$	1,599	\$	865
4	Income from the operation of a busines Line a and enter the difference in the appropriation one business, profession or farm, enter attachment. Do not enter a number less the business expenses entered on Line b as	oriate column(s) aggregate num an zero. Do not	of Line 4 bers and include	 If you operate more provide details on are any part of the 	·e				
	a. Gross receipts		\$	31					
	b. Ordinary and necessary business	expenses	\$	(
	c. Business income		Subtra	ct Line b from Line a		\$	0	\$	31
5	Rent and other real property income. S difference in the appropriate column(s) of Li not include any part of the operating ex Part V.	ne 5. Do not en	iter a nui	mber less than zero.					
	a. Gross receipts		\$	()				
	b. Ordinary and necessary operating	expenses	\$	()				
	c. Rent and other real property inco	me	Subtra	ct Line b from Line a		\$	0	\$	0
6	Interest, dividends and royalties.					\$	0	\$	0
7	Pension and retirement income.					\$	0	\$	0
8	Any amounts paid by another person or expenses of the debtor or the debtor's c that purpose. Do not include alimony or so by your spouse if Column B is completed.	ependents, ind	Iuding	child support paid f	or	\$	0	\$	0
9	Unemployment compensation. Enter the However, if you contend that unemployment was a benefit under the Social Security Act, Column A or B, but instead state the amount	compensation red do not list the ar	eceived I	by you or your spouse	9				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0	Spouse \$0		\$	0	\$	0

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. a. \$ 0				
	b. \$ 0	4		4	
	Total and enter on Line 10	\$	0	\$	0
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	1,599	\$	896
12	Total Current Monthly I ncome for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$			2,495
	Part III. APPLICATION OF § 707(b)(7) EXCLUSIC	N			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 b number 12 and enter the result.	y the	9 \$		29,940
14	Applicable median family income. Enter the median family income for the applicable state household size. (This information is available by family size at www.usdoj.gov/ust/ or from the the bankruptcy court.) a. Enter debtor's state of residence: Utah b. Enter debtor's household size: 2	e cler			61,437
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		·		
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the not arise" box at the top of page 1 of this statement, and complete Part VIII; do not com The amount on Line 13 is more than the amount on Line 14. Complete the remains	plete	Parts IV,	۷, ۱	/I or VII.

Complete Parts IV, V, VI and VII of this statement only if required. (See Line 15).

	Part IV. CALCULATION OF CURRENT MONTHLY	INCOME FOR § 707(I	b)(2)	
16	Enter the amount from Line 12.		\$	N.A.
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line listed in Line 11, Column B that was NOT paid on a regular basis for the h debtor or the debtor's dependents. Specify in the lines below the basis for income (such as payment of the spouse's tax liability or the spouse's supplet debtor or the debtor's dependents) and the amount of income devoted to list additional adjustments on a separate page. If you did not check box at a liability or the spouse's supplet and the amount of income devoted to list additional adjustments on a separate page. If you did not check box at a liability or the spouse's supplet and the amount of income devoted to list additional adjustments on a separate page. If you did not check box at a liability or the spouse's supplet and the spouse's supplet and the amount of income devoted to list additional adjustments on a separate page. If you did not check box at a liability or the spouse's supplet and the amount of income devoted to list additional adjustments on a separate page. If you did not check box at a liability or the spouse's supplet and liability or the spouse's suppl	ousehold expenses of the or excluding the Column B cort of persons other than the each purpose. If necessary,	\$	N.A.
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line	16 and enter the result.	\$	N.A.
	Part V. CALCULATION OF DEDUCTION	NS FROM INCOME		
	Subpart A: Deductions under Standards of the In	ternal Revenue Servi	ce (IF	RS)
19A	National Standards: food, clothing and items. Enter in Line 19A the National Standards for Food, Clothing and Other Items for the applicable information is available at www.usdoj.gov/ust/ or from the clerk of the ba	household size. (This	\$	N.A.

19B	Out-of for per clerk o under years o Line 14 enter t 65 and	nal Standards: health care- -Pocket Health Care for persons 65 years of age or old of the bankruptcy court.) En 65 years of age, and enter i or older. (The total number 4b). Multiply line a1 by Line the result in Line c1. Multiply older, and enter the result in Line 19B.	sons under 65 yeer. (This informater in Line b1 the number of household me b1 to obtain a toy Line a2 by Line a2 by Line and the control of household me b1 to obtain a toy Line a2 by Line a2 by Line and the control of the control o	ears of ation is a number of the armount of the arm	age, and in Lir available at we per of member of members of must be the so nount for hous obtain a total	ne a2 the IRS Nationa www.usdoj.gov/ust/ os of your household your household who same as the number ehold members unde amount for househol	al Standards or from the who are are 65 stated in er 65, and ld members	1	
	Hous	sehold members under 65	years of age	Hous	ehold memb	ers 65 years of age	or older		
	a1.	Allowance per member	N.A.	a2.	Allowance p	er member	N.A.		
	b1.	Number of members	N.A.	b2.	Number of	members			
	c1.	Subtotal	N.A.	c2.	Subtotal		N.A.	\$	N.A.
20A	IRS Ho	Standards: housing are busing and Utilities Standard This information is available	ls; non-mortgage	e exper	nses for the ap	plicable county and I	nousehold	\$	N.A.
20B	the am housek court); as stat amou	Standards: housing ar nount of the IRS Housing an nold size (this information is ; enter on Line b the total of ted in Line 42; subtract Line nt less than zero. IRS Housing and Utilities St	d Utilities Standa available at www. the Average Mo b from Line a ar andards; mortga	nrds; m w.usdo nthly P nd ente	ortgage/rent of i.gov/ust/ or fi ayments for all r the result in tall expense	expense for your cour rom the clerk of the l ny debts secured by	nty and bankruptcy your home,		
	b.	Average Monthly Payment your home, if any, as state		cured b	у	.	N.A.		
	c.					\$	1 1.7 1.		
	╽┝┷┷	Net mortgage/rental exper	ise			Subtract Line b fron	n Line a	\$	N.A.
21	out in the IR	Standards: housing ar Lines 20A and 20B does not S Housing and Utilities Stand d, and state the basis for yo	nd utilities; ac accurately comp dards, enter any	oute th additio	e allowance to nal amount to	contend that the production which you are entitle	cess set	\$	N.A.
21 22A	Local You ar operat Check exper If you Trans IRS L Metro	Standards: housing ar Lines 20A and 20B does not S Housing and Utilities Stand d, and state the basis for yo Standards: transporta e entitled to an expense allo ing a vehicle and regardless the number of vehicles for ness are included as a contri	accurately complards, enter any ur contention in tion; vehicle owance in this car of whether you which you pay the bution to your house a for 2 or more, erion for the applicensus Region. (Total content in the caption of the applicensus Region. (Total content in the application of the application. (The accurate of the accurate of t	opera tegory use pu he opera canspor	e allowance to mal amount to ace below: tion/public regardless of blic transportarating expenses in tation" amount Line 22A the "umber of vehicles."	transportation e whether you pay the tion. so or for which the op Line 8. tfrom IRS Local Sta Operating Costs" am cles in the applicable	expense. expenses of perating	\$	N.A.
	out in the IR: entitled ————————————————————————————————————	Standards: housing ar Lines 20A and 20B does not S Housing and Utilities Stand, and state the basis for your standards: transportate entitled to an expense allowing a vehicle and regardless the number of vehicles for inses are included as a contrict of the control of the cont	accurately complared, enter any ur contention in tion; vehicle owance in this car of whether you which you pay the bution to your here. 2A the "Public Tror 2 or more, erion for the applicensus Region. (Toy court.)	operategory use puseho cansporter on cable nihese aid also u your pocal Si	tion/public regardless of blic transportation amount to expense in tation amount to expense in tation amount to expense in the	transportation ewhether you pay the titon. It from IRS Local Stan Operating Costs" amples in the applicable ailable at www.usdojutation expense. In the applicable ailable at www.usdojutation expenses, enter the properties of the applicable at the applicable ailable at www.usdojutation expenses, enter the properties of the applicable at the applicable	expense. expenses of perating andards: ount from .gov/ust/	\$	

23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Transportation Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ N.A. b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 C. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.	N.A.
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ N.A. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 N.A.	
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.	\$ N.A.
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.	\$ N.A.
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$ N.A.
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance.	\$ N.A.
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$ N.A.
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$ N.A.
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$ N.A.
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$ N.A.
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$ N.A.
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32	\$ N.A.

		Subpart B: Additional Expense Deduction Note: Do not include any expenses that you ha		2.	
	month	h Insurance, Disability Insurance and Health Savings A ly expenses in the categories set out in lines a-c below that are reaso couse, or your dependents.	•		
	a.	Health Insurance	\$ N.A.		
	b.	Disability Insurance	\$ N.A.		
34	C.	Health Savings Account	\$ N.A.		NI A
	Tot	al and enter on Line 34.		\$	N.A.
	lfy	you do not actually expend this total amount, state your actual ce below: N.A.	average expenditures in the		
35	averag suppor	nued contributions to the care of household or family releactual monthly expenses that you will continue to pay for the reast of an elderly, chronically ill, or disabled member of your household who is unable to pay for such expenses.	onable and necessary care and	\$	N.A.
36	expens Preven	ction against family violence. Enter the total average reasonages that you actually incurred to maintain the safety of your family untion and Services Act or other applicable federal law. The nature of the tonfidential by the court.	nder the Family Violence	\$	N.A.
37	IRS Lo provid	e energy costs Enter the total average monthly amount, in excess cal Standards for Housing and Utilities that you actually expend for hele your case trustee with documentation of your actual expensions that the additional amount claimed is reasonable and	nome energy costs. You must ses, and you must	\$	N.A.
38	expens elemer provid	ation expenses for dependent children less than 18. Ent ses that you actually incur, not to exceed \$137.50 per child, for atterntary or secondary school by your dependent children less than 18 your case trustee with documentation of your actual expendent amount claimed is reasonable and necessary and not alread ards.	ndance at a private or public ears of age. You must ses and you must explain	\$	N.A.
39	food and in the availab	ional food and clothing expense. Enter the total average mond clothing expenses exceed the combined allowances for food and clothing expenses exceed the combined allowances for food and click National Standards, not to exceed 5% of those combined allowable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court. The additional amount claimed is reasonable and necessary.	clothing (apparel and services) nces. (This information is	\$	N.A.
40		nued charitable contributions. Enter the amount that you w m of cash or financial instruments to a charitable organization as de (2)		\$	N.A.
41	Total	Additional Expense Deductions under § 707(b). Enter the	ne total of Lines 34 through 40.	\$	N.A.

		Subp	art C: Deductions for De	bt P	ayment			
	pı A M m	roperty that you own, list the name verage Monthly Payment, and che onthly Payment is the total of all nonths following the filing of the b	d claims. For each of your debts ne of creditor, identify the property ck whether the payment includes amounts contractually due to each ankruptcy case, divided by 60. If yorage Monthly payments on Line	y secu taxes n Secu neces	uring the debt or insurance ured Creditor	t, and state the t. The Average in the 60		
42		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance?		
	a.			\$		☐ yes ☐ no		
	b.			\$		☐ yes ☐ no		
	C.			\$		☐ yes ☐ no		
					I: Add Line and c		\$	N.A.
	prim depe pay prop repo	nary residence, a motor vehicle, o endents, you may include in your the creditor in addition to the pay perty. The cure amount would incl	aims. If any of the debts listed in rother property necessary for you deduction 1/60th of any amount (ments listed in Line 42, in order tude any sums in default that mustotal any such amounts in the follows.	ir sup (the "o o mai t be p	port or the sucure amount" ntain possess aid in order t	upport of your) that you must sion of the oavoid		
43		Name of Creditor	Property Securing the Debt		1/60th of th	ne Cure Amount		
	a.				\$			
	b.				\$			
	C.				\$			
							\$	N.A.
44	clair	ms, such as priority tax, child sup	rity claims. Enter the total amor port and alimony claims, for which de current obligations, such as	n you	were liable at	t the time of	\$	N.A.
	the		penses. If you are eligible to file unt in line a by the amount in line					
	a.	Projected average monthly	Chapter 13 plan payment.		\$	N.A.		
45	b.	schedules issued by the Ex	district as determined under ecutive Office for United States is available at <u>www.usdoj.gov/us</u> nkruptcy court.)		x	N.A.		
	C.	Average monthly administr	ative expense of Chapter 13 case		Total: Multipl	y Lines a and b	\$	N.A.
46	Tot	al Deductions for Debt Pay	ment. Enter the total of Lines 4	2 thro	ough 45.		\$	N.A.
		•	art D: Total Deductions f				Ψ	14.71.
47	Tot	al of all deductions allowed	d under § 707(b)(2). Enter the	he tot	al of Lines 33	3, 41, and 46.	\$	N.A.

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION	ON	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$	N.A.
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))) \$	N.A.
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	e \$	N.A.
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$	N.A.
	Initial presumption determination. Check the applicable box and proceed as directed.		
F.0	The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder. The amount set forth on Line 51 is more than \$10,950. Check the "Presumption arise."	of Part \	/1.
52	page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VI the remainder of Part VI.		
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete t VI (Lines 53 through 55).	he remaiı	nder of Part
53	Enter the amount of your total non-priority unsecured debt	\$	N.A.
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter	\$	N.A.
	Secondary presumption determination. Check the applicable box and proceed as directed.	•	
	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The p	resumptio	on does
55	not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check	the hov fo	or "The
	presumption arises" at the top of page 1 of this statement, and complete the verification in Part VII complete Part VII.		
	Part VII: ADDITIONAL EXPENSE CLAIMS		
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that a health and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figure average monthly expense for each item. Total the expenses.	n your cui	rrent monthly
F./	Expense Description Montl	nly Amou	nt
56	a. \$	N	I.A.
	b. \$	N	I.A.
	C. \$	N	I.A.
	Total: Add Lines a, b and c	N	I.A.
	Part VIII: VERIFICATION		
	I declare under penalty of perjury that the information provided in this statement is true and correct. (both debtors must sign.)	If this a j	oint case,
	Date: March 6, 2009 Signature: /s/ Gregg Daniel Baird		
57	Date: Signature: (Debtor) /s/ Hilda Carolina Baird		
	(Joint Debtor, if any)		

Income Month 1			Income Month 2		
Gross wages, salary, tips	1,599	865	Gross wages, salary, tips	1,599	86
Income from business	0	0	Income from business	0	
Rents and real property income	0	0	Rents and real property income	0	
Interest, dividends	0	0	Interest, dividends	0	
Pension, retirement	0	0	Pension, retirement	0	
Contributions to HH Exp	0	0	Contributions to HH Exp	0	
Unemployment	0	0	Unemployment	0	
Other Income	0	0	Other Income	0	
Income Month 3			Income Month 4		
Gross wages, salary, tips	1,599	865	Gross wages, salary, tips	1,599	86
Income from business	0	0	Income from business	0	
Rents and real property income	0	0	Rents and real property income	0	
Interest, dividends	0	0	Interest, dividends	0	
Pension, retirement	0	0	Pension, retirement	0	
Contributions to HH Exp	0	0	Contributions to HH Exp	0	
Unemployment	0	0	Unemployment	0	
Other Income	0	0	Other Income	0	
Income Month 5			Income Month 6		
Gross wages, salary, tips	1,599	865	Gross wages, salary, tips	1,599	86
Income from business	0	72	Income from business	0	11
Rents and real property income	0	0	Rents and real property income	0	
Interest, dividends	0	0	Interest, dividends	0	
Pension, retirement	0	0	Pension, retirement	0	
Contributions to HH Exp	0	0	Contributions to HH Exp	0	
Unemployment	0	0	Unemployment	0	
Other Income	0	0	Other Income	0	

Additional Items as Designated, if any

Remarks